Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

015-

57179

STATE WATER RESOURCES CONTROL BOARD

		STATE DEPARTM	SFUND RECORDS CIR
PRODUCER OF WASTE (Mu	st be filled by producer)		HAULER OF WASTE (Must be filled by hauler) 999000707
Pick up Address: 5151 ALCOA RUE (CIXX) VERIVON			ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Telephone Number: 213) 588-6144 P.O. or Contract No.: 14 768 586			Pick Up: Time: pm
Order Placed By: THERDY Date: 3-6-79			State Liquid Waste Hauler's Registration No. (if applicable):
Type of Process which Produced Wastes: According to the Code No. (Examples: metal plating, equipment cleaning, oil drilling — code No. wastewater treatment, pickling bath, petroleum refining)			Job No.: No. of Loads or Trips: Unit No Vehicle: Vacuum truck Ob barrels, □ flatbed, □ other (specify)
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes: 1.			I certify (or declare) under penalty of perjury that the foregoing is true and correct.
2. Alkaline solution	7. Chemical toilet wastes	12. 🗆 Cannery waste	DISPOSER OF WASTE (Must be filled by disposer)
3. Pesticides	8. 🗌 Tank bottom sediment	13. Latex waste	Name (aviation types): OPERATING INDUSTRIES, INC.
4. 🗌 Paint sludge	9. 🗌 Oil	14. 🛘 Mud and water	Name (print or type): 2425 So. Garfield Ave.
5. Solvent	10. Drilling mud	15. 🗖 Brine	Site Address:
CODE NO.			Nonterey Park, Callf. 91754 The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and
Components: loca			local restrictions. Quantity measured at site (if applicable):State fee (if any):
1.			Handling Method(s):
3.			treatment (specify): (EXAMPLES: INCINERATION, NEUTRANIZATION, PRECIPITATION) CODE NO.
4			disposal (specify): pond spreading fandfill injection well
5.			CODE NO.
			If waste is held for disposal essewhere specify final location: Disposal Date:
Hazardous Properties of Wast	.	☐ corrosive ☐ explosive	I certify (or declare) under penalty of perjury that the foregoing is true and correct.
		barrels	SIGNATURE OF AUTHORIZED AGENT AND TITLE
Bulk Volume	gal _ tons	(42 gal.) Other (SPECIFY)	The site operator shall submit a legible copy of each complete Record to the State Beartment of Health with monthly fee reports.
Containers: (NUMBER)	drums 🔲 cartons 🗆	bags Other State VI	· Vacq
Physical State:	🗆 solid 💆 liquid 💢	sludge	
Special Handling Instructions	(if any):		
The waste is described to the lapplicable).	best of my ability and it was deliver		
I certify (or declare) under penalty of perjury that the foregoing is true and correct.			FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name